

VERMONT DEPARTMENT OF MENTAL HEALTH

June 22, 2007

**CERTIFICATE OF APPROVAL APPLICATION/ PROPOSAL**  
**VSH FUTURES CRISIS STABILIZATION/ INPATIENT DIVERSION BEDS**

COVER PAGE

Applicant: Rutland Mental Health Services, Inc.  
Project Title: Crisis Stabilization and Inpatient Diversion Program  
Principal Contact: John Stewart  
Address: 78 South Main Street Rutland  
(street) (town/city)  
Vermont 05701 802-775-2381  
(state) (zip code) (telephone number)

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PROJECT TYPE & AMOUNT

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- ☐ Capital expenditure exceeding \$1,500,000 for construction, development, purchase or long-term lease of property or existing structure
- ☐ Purchase of a technology, technology upgrade, other equipment or a renovation with a cost exceeding \$1,000,000
- ☐ The offering of a healthcare service having a projected annual operating expense that exceeds \$500,000 for either of the next two budgeted fiscal years if the service was not offered by the healthcare facility within the previous three fiscal years.

Proposed Capital Expenditure (Total Table 1) \$ \_\_\_\_\_

Proposed Lease Amount (payment times term) \$78,444 I certify to the best of my knowledge and belief, that the information in this application is true and correct and that this application has been duly authorized by the governing body of the applicant.

CERTIFYING OFFICIAL: Tom Pour, Interim CEO

SIGNATURE:  \_\_\_\_\_

DATE: 07-05-07

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Vermont State Hospital Futures Project*

***RMHS Crisis Stabilization and Inpatient Diversion Program (CSID) Proposal***

**PROPOSAL NARRATIVE**

**I. Abstract**

Rutland Mental Health Services' ***Crisis Stabilization and Inpatient Diversion Program (CSID)*** will provide assessment and treatment 24-hours, 7-days per week for up to two (2) adults experiencing acute mental health crises that do not require inpatient admission, or need to be transitioned out of inpatient care. Comprehensive case management and service coordination will be available to crisis patients, including daily medical oversight by a nurse, daily access to psychiatrist, emergency housing for 0-14 days "stabilization", and daily access to programming for treatment and support.

The entity making this application, Rutland Mental Health Services, Inc. (RMHS), is a Vermont Mental Health Designated Agency, serving Rutland County, which is located in the high priority corridor between Burlington and Bennington.

The service programs proposed by the applicant will be available to respond to the general needs of individuals 18 and older with acute mental health needs, and will not be limited to Community Rehabilitation and Treatment (CRT) consumers. Admission criteria are based upon acute mental health severity, which could include co-occurring mental health and substance abuse disorders, and not upon the CRT criteria, which requires severity over extended periods of time. Participation will be completely voluntary.

We anticipate the CSID Program to be fully operational by April 1, 2008 and occupancy of the two-bed crisis bed center in Rutland to be 65% the first year, based upon historical utilization by Rutland County residents of Vermont State Hospital (VSH), Rutland Regional Medical Center (RRMC), and other known and emerging needs in our community.

**II. Program overview and description**

Both crisis stabilization beds will offer a short-term (0-14 day), highly supportive and supervised community residence which is an alternative to hospitalization for a person in crisis who needs a more intensive level of care than outpatient services can safely provide, or needs a transitional level of treatment upon discharge from an inpatient psychiatric setting.

The crisis beds program will potentially serve a wide range of adult clientele (18 years of age and older) – acute outpatient, CRT, and those with co-occurring mental health and substance abuse disorders. Persons will be admitted to the program for short-term stabilization if they do not require inpatient admission, or if they require step-down care in order to return to their private residence or move into transitional apartments.

Individuals will be referred to and encouraged to utilize the program by a variety of sources, including, but not limited to, the emergency department at RRMC, VSH staff, RRMC's Psychiatric Inpatient Unit (PSIU) staff, Vermont Psychiatric Survivors, and private psychiatric providers.

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RMHS is uniquely positioned to embark upon a crisis stabilization and inpatient diversion program as we have an extensive array of treatment services for mental health and substance abuse disorders already under our organization umbrella, including CARF accredited Outpatient Mental Health, Adult Intensive Outpatient Substance Abuse, Partial Hospital, Emergency Services and Case Management. In addition, we have long-standing and strong relationships with private community-based support services, private practitioners and RRMC.

**Admission criteria and care management**

Admission criteria:

- Person who is 18 years or older and who is experiencing an acute psychiatric crisis, which could include co-occurring mental health and substance abuse disorders;
- The person would be a danger to self or others if treated at a lesser level of care.
- Requires 24-hour short-term supervised psychiatric care.
- The person does not require an inpatient level of care.
- The person does not require detoxification from substances.
- The person is medically stable, with no condition requiring immediate or significant medical monitoring
- There is a reasonable expectation that the person will benefit from the care available.

All persons, not limited to CRT clients, will be assessed by a Qualified Mental Health Person (QMHP) to determine if they meet the above criteria. Highest priority for admission to the program will be given to inpatient diversion and step-down patients and participation will be completely voluntary.

Care management will involve a daily review of treatment progress by the crisis bed team, coordinated by the *CSID* supervisor, and will consider:

1. Utilization of the intensive outpatient services available through the Partial Hospital Program at RMHS. This program offers assessment and treatment for individuals seeking help with psychiatric and substance abuse problems, which also includes chemotherapy.
2. The need for substance abuse treatment through the Partial Hospital Program, intensive outpatient treatment at the Evergreen Substance Abuse Program, and by referral for medical and social detoxification, residential substance abuse services and to self-help groups.
3. Referral to the CRT program, when appropriate.
4. Referral for inpatient admission to RRMC or another Designated Hospital, when necessary.
5. Involvement of a housing specialist when appropriate.
6. Referral of participants for continuing outpatient care by accessing our community referral base of 45 area therapists, based upon outpatient services required by specialty, insurance accepted, hours of operation, and populations served.

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Discharge Criteria:

- The person no longer meets admission criteria or meets criteria for a more intensive (inpatient) or less intensive level of care.
- The person's crisis bed treatment plan and goals have been met.
- The person withdraws consent for treatment.
- The person has attained a level of functioning that can be supported at the level of outpatient care or natural supports.

The proposed crisis bed project will function as part of the larger care management system and system of care by integrating the program with:

- Our regional community mental health center with comprehensive support services including outpatient psychiatry, psychotherapy, case management, vocational and housing support, and partial hospitalization;
- The inpatient psychiatric unit at RRMC with 19 beds, which is also designated to admit involuntary patients;
- Our own emergency service team and on-call psychiatry available 24/7;
- Social detoxification and residential substance abuse services available at Recovery House facilities;
- Medical detoxification services available at RRMC through inpatient care;
- The developing Futures Project Care Management System.

The proposed program is the most cost-effective approach to address crisis stabilization and diversion from hospital resources where appropriate, based upon the needs of our community, and does leverage, coordinate and share resources with other existing and developing program across our region and the state.

Specifically, *CSID* will leverage resources with existing programs in the network of Designated Agencies and Vermont's hospitals:

- RMHS CRT Program – clinical case management staff is available as a resource for support and back-up staff. In fact, three case managers will use offices at the crisis bed site to streamline the communication and support between programs.
- RMHS Partial Hospital Program – this program will be the preferred avenue for crisis bed patients to access clinical and therapeutic services during the day, in an effort to avoid duplicating similar programming specifically for this small population.
- RMHS Evergreen Substance Abuse Program – an existing, multi-faceted program with clinical and therapeutic services addressing co-occurring substance abuse disorders.
- RMHS Emergency Services – the emergency services team does after-hours screenings and will make qualified referrals to the crisis beds. The Emergency Services team will be on-site for some portion of their day, affording the opportunity to provide clinical support.

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- All Designated Hospitals, in particular RRMC – RMHS has an affiliation agreement with RRMC, which allows access through shared staff, including Psychiatry, to hospital resources for patient care and will provide effective and efficient referrals to the crisis bed program and facilitate inpatient admission when necessary.

We will coordinate service offerings and integrate care with existing facilities and programs to best serve our crisis client in a timely and effective manner. Namely we will:

- Coordinate care through case management services provided onsite to utilize services and programming offered by our CRT and Partial Hospital programs, Evergreen Substance Abuse programs, and the RRMC PSIU.
- Access and coordinate with community-based services in Rutland County, whether private or offered through other social service organizations, through the AHS Local Service Coordinator. The Local Service Coordinator is also on the RMHS Crisis Team and regularly comes into contact with individuals needing an emergency bed. Direct referral from this contact will help ensure high utilization, especially as the service coordinator has an office within the ASA Bloomer State Office Building which houses Economic Services, Vocational Rehabilitation, Department of Employment and Training, Social Security, Department of Children and Families. The service coordinator is supervised by and shares an office with the AHS Field Coordinator who has knowledge of emergency bed needs across the county.
- RMHS Emergency Services – This team makes initial contact with individuals experiencing a crisis and will be a regular referral source.
- Work with all Designated Hospitals, including RRMC, for diversion and step-down of patients, as appropriate - The RRMC PSIU, as one of the Designated Hospitals in Vermont, serves a wide geographical area and is a major resource for out-of-county placement, especially from Addison and Bennington Counties. Collaborative efforts with RRMC would include diversion of some cases to the crisis beds and also step-down from inpatient hospitalization. This could also include the reverse, admitting a patient, when necessary.
- Receive direct referrals from Rutland Regional Medical Center Emergency Room in partnership with the Crisis Team. The RMHS Crisis Team has a strong and positive work relationship with the Emergency Department at RRMC. This relationship coupled with information sharing and education will provide a significant number of referrals to the crisis beds.
- Membership in the Rutland Regional Partnership for Family Services, a community partnership between human service agencies, family groups, families, and education, will help ensure community knowledge and awareness of this as a resource to community providers.
- As the Futures Program develops and expands, CSID in Rutland will work within the program as an available crisis bed partner in the System of Care.
- Receive referrals from the Warm Line. The Southern Vermont Outreach Worker of VPS is housed in Rutland. As the recently funded Warm Line is developed and staffed, the training component will include information about accessing crisis beds in Rutland County.

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Finally, as is currently done across RMHS programs and will continue, to now include the crisis bed program, we will share medical resources with our CRT, Partial Hospital and Substance Abuse programs, by accessing program physicians, registered nurses and psychiatric nurse practitioners, for purposes of efficiency relative both to cost and client access.

**Clinical program**

*CSID* will provide highly supportive and supervised community residence which is an alternative to hospitalization for a person in crisis who needs a more intensive level of care than outpatient services can safely provide, or needs a transitional level of treatment upon discharge from an inpatient psychiatric setting. The program will operate 24-hours per day, 7-days per week providing assessment and treatment for up to two (2) adults experiencing acute mental health crises that do not meet the criteria for inpatient admission, or are in need to be transitioned out of inpatient care.

The program will be available to respond to the general needs of individuals 18 and older with acute mental health needs on a voluntary basis, and will not be limited to CRT consumers. All persons referred to the program will be admitted and discharged according to the criteria outlines above, consistent with inpatient diversion and step-down outcomes sought by *CSID* and the Futures Program. Comprehensive case management and service coordination will be available to crisis patients, including daily medical oversight by a nurse, daily access to psychiatrist, emergency housing for 0-14 days “stabilization”, and daily access to programming for treatment and support.

The RMHS Crisis Team uses LOCUS for assessment of persons experiencing acute psychiatric episodes. This face-to-face assessment tool will be used in *CSID* to gather background information, guide admission and treatment planning, and to evaluate the need for continued stay and/or appropriateness for discharge.

*CSID* will incorporate the necessary services designed to address psychiatric crisis, stabilize patients and assist them in returning to previous or improved levels of functioning. Methods to accomplish this will include:

- Psychiatric assessment and daily access to a psychiatrist are important to crisis intervention and stabilization. In addition to daily crisis briefings, a block of time will be reserved in one of two staff psychiatrists’ schedules each day, to afford access by crisis staff and/or patients. Additionally, those who participate during the day in the Partial Hospital Program for daytime activities will have access daily to a psychiatrist.
- Crisis intervention and plan development
- Medication monitoring and administration
- Clinical and therapeutic treatment programming deliverable to the crisis bed site and/or available during the day through:
  - 24x7 availability of recovery-oriented case management supports

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- Our Partial Hospital Program - This program offers intensive and highly structured group day treatment services to adults in the community who are experiencing acute mental health concerns. Services provided include: assessment, group psychotherapy, group psycho-education, substance abuse education, psychiatric evaluation, and psychopharmacology services
- Substance Abuse treatment – within the Partial Hospital Program, through intensive outpatient treatment at the Evergreen Substance Abuse Program, and by referral for medical and social detoxification, residential substance abuse services and self-help groups
- Community support services
- Daily medical assessment and monitoring during the stabilization period provided by a registered nurse or psychiatric nurse practitioner either at the crisis bed facility or through the partial hospitalization program, which is medically supervised.
- Consultation with the RMHS Co-occurring Disorders Team, to provide perspective of expectations relative to co-occurring disorders within treatment planning and assessment of treatment progress.
- Peer services and support to help patients, including:
  - Training and referrals from peer run organizations.
  - Continued hiring of qualified peer applicants for open positions.
  - RMHS's ongoing work with its Standing Committee to develop programming, as has been done for this project.
  - Referrals and information sharing back and forth between our program and the statewide workgroup on peer support services, which will provide guidance for the development and integration of peer services and peer support going forward.

The above supports will be available to all consumers during the crisis bed stay, CRT and non-CRT.

As outlined in the discharge criteria, our staff will work with patients during stabilization to identify their needs upon discharge and refer them for service coordination before discharge.

**Staffing patterns**

Staffing of the crisis bed program will require at least one person per shift, seven days per week, 24 hours per day. For limited time emergency situations (i.e., the need to transport a crisis patient to another location), we have the ability to pull from existing clinical case management staff or emergency services staff as discussed below.

Coverage 24/7 is necessary in part because the crisis beds proposed are two bedrooms in an upstairs apartment, therefore gender differences and other issues may require the presence of a crisis staff person continuously. In the event both crisis beds are occupied, but the staff person must leave the premises, we will draw on other RMHS staff on duty, primarily clinical case managers from the CRT program or emergency services staff, i.e. to transport one of two patients to another location.

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Recruitment and training will be handled according to RMHS Human Resources procedures. We will be recruiting case managers with a Bachelor's Degree and experience.

### **III. Proposed Location**

The space identified for the *CSID* Program is centrally located in downtown Rutland, across from the new family courthouse. 10 Merchants Row is owned by Granger Enterprises, a well-known developer in the area, who RMHS has worked with in the past to obtain, renovate and lease space for a variety of programming. The building is a two-story mixed-use property.

The first level is handicapped accessible (ADA compliant) and will house the CSID program staff, three clinical case managers from the CRT Program. (Please note that the space for this personnel is not included in the attached budget; the monthly rent has been pro-rated based upon square footage use accordingly.) Prior to occupancy, the owner will renovate this floor to suit our purposes, including adding two offices. The second floor includes a two-bedroom apartment, which will be utilized for the CSID Program. One office space on the first level can alternatively be used as an office for staff or as a bedroom, in the event a patient cannot navigate upstairs due to physical handicap. In addition, we will install security cameras within the building at the entryways and at the top of the internal staircase to the apartment and use video monitoring to ensure unauthorized person do not enter the facility.

As reflected in the budget form, the space for this program will be leased at a cost of \$2,179 per month without utilities. We have been offered the option of entering a three- or five-year lease at the same monthly rate. Leasing is advantageous to us for this property as the purchase price would be \$375,000.

The attached floor plans depict the current layout of the space and the superimposed representations of the renovation to occur for our project. The total square footage to be occupied by RMHS is 2,200; the *CSID* Program will use 2,040, inclusive. Renovations will be completed by the landlord within three weeks of notice of our need of the space, as part of the lease arrangement.

### **IV. System need, local support, strategic planning and outcomes**

1. Proposals that have the largest impact on reducing the use of Vermont State Hospital and other involuntary inpatient care.

Rutland County's reported utilization of VSH for the last four quarter has been 2,150 bed days. CRT patient utilization of RRMC's inpatient services for the same period totaled 773 bed days. Together, reported utilization of these services equals 2,793 bed days.

We anticipate occupancy of the two-bed crisis bed center in Rutland to be 65% the first year, based upon historical utilization of VSH, RRMC, and other known and emerging needs in our community. By providing an alternative to inpatient care for

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patients where appropriate, and instituting a step-down option for patients coming out of inpatient care, we can reduce the length of stay and provide a better and more appropriate level of care to patients in our community. Quantifying this, we anticipate a reduction 475 bed days in a year for Rutland County residents at VSH and RRMC by implementing a crisis bed program here.

2. RMHS has under its organizational umbrella both intensive outpatient substance abuse services and a free-standing partial hospital. As outlined above, we will be leveraging a vast array of existing resources within the RMHS service network, RRMC and our community at large while offering a preferable alternative for many patients, thereby best meeting their needs to stabilize them and return them to their level of functioning or an improved level of functioning.
3. RMHS does not currently have a crisis bed program.
4. The project proposed by RMHS would work with the Futures Program to offer both local and statewide access.

The *CSID* program is consistent with RMHS's strategic plan and the Local System of Care Plan. Our organization's growth goals include identifying and deploying new projects or programs to expand services to meet the needs of our community, as identified by our Standing Committee and the public. Specifically, we host annual community forums to obtain input on the Local System of Care Plan goals and priorities. Each of the last two years, a top priority of the action plan was housing, including emergency beds, based upon the finding through the community forums that the number one unmet need is emergency and transitional housing.

The Adult Local Standing Committee voted on August 15, 2007 to endorse the submission of this proposal.

The RMHS Board of Directors also voted to endorse the submission of this proposal at their meeting on August 31, 2007.

As is our practice, crisis bed program policies will be reviewed with the Adult Standing Committee as they are developed and the program is implemented. The program policies and overall progress towards treatment targets will be reviewed with the Adult Standing Committee during monthly meetings, as is standard practice.

*CSID* is consistent with VT's Health Resource Allocation Plan (H-RAP) and will address the priorities identified therein as outlined below.

- ⇒ Support implementation of the broad recommendations in the VSH Futures Plan, namely:
  - Add diversion beds in a new location, enhancing our ability to provide essential core services and ensure that inpatient beds are utilized most appropriately

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- Locate services near our community hospital and other community-based facilities, to leverage access to services across the care continuum
- ⇒ Allocate more resources to emergency services by providing a new program specifically suited to crisis patients.
- ⇒ Increase resources for psychiatric emergency services at general hospitals by providing a new program specifically suited to crisis patients.
- ⇒ Improve the treatment capacity and options for Vermonters involved in substance abuse emergencies and mental health crises.
- ⇒ Increase resources for Designated Agency adult outpatient and substance abuse programs, to ensure that Vermonters are treated in the most appropriate and least restrictive setting possible.

By design, *CSID* will meet the primary outcomes of reducing and diverting psychiatric inpatient use. As outlined above, Rutland County's reported utilization of VSH for the last four quarter has been 2,150 bed days. CRT patient utilization of RRMC's PSIU for the same period totaled 773 bed days. Together, reported utilization of these services equals 2,793 bed days.

We anticipate occupancy of the two-bed crisis bed center in Rutland to be 65% the first year of operation, based upon historical utilization of VSH, RRMC, and other known and emerging needs in our community. By providing an alternative to inpatient care for patients where appropriate, and instituting a step-down option for patients coming out of inpatient care, we can reduce the length of stay and provide a better and more appropriate level of care to patients in our community. Quantifying this, we anticipate a reduction of 475 bed days in a one year for Rutland County residents at VSH and RRMC by implementing a crisis bed program here. Therefore, we expect to:

- Reduce inpatient psychiatric admissions to General Hospitals by 15%.
- Reduce the number of inpatient days at VSH and General Hospitals by 475 bed days.

Effectiveness of the *CSID* Program will be evaluated through a variety of methods, including:

1. Access to the program will be assessed largely by monitoring the occupancy rate, to ensure our program is being utilized as expected and referrals are being made to the program from appropriate sources.
2. Effectiveness of the program will be evaluated by reviewing the progress of patients who utilize the program. Specifically, we will compare LOCUS scores from the time of admission with those over the course of their participation in the program.
3. Additionally, we will conduct satisfaction surveys of patients and of referring parties at least annually to solicit feedback to assist us in continually improving the program and to monitor the program's responsiveness to the needs of our community.

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**V. Organizational structure**

Not applicable.

**VI. Projected costs and financial feasibility**

A budget form has been completed and attached to this application. Since we are developing and implementing this program during fiscal year 2008, we have also included on the form a projected cost for FY 08, how much the annual cost would have been if it had operated for 12 months (FY 08 annualized), and our estimated costs for FY 09 and FY 10 using a 3% Consumer Price Index inflation factor.

**Revenue:** All of the revenue in this proposal are VSH futures fund and are not dependent on utilization.

**Expense:**

*Staffing/fringe:* Upon the receipt of approval of this proposal, we will begin advertising for the Crisis Bed supervisor and expect to have that position filled by December 1, 2007. Once this position is filled, we will start the recruitment process for the four staff positions outlined in the budget. The five positions combined will produce 200 hours of service or about 32 hours than the 168 hours of coverage needed each week (24 hours x seven days). These additional hours will be used to cover for holiday and leave pool days used by the staff. Psychiatry services of four hours per week will most likely be provided by our existing CRT psychiatrists and costs for these services will begin when the facility's beds are utilized (April 1, 2008). We also expect to secure the seven hours of nursing services per week listed in this proposal as of April 1, 2008 by adding hours to one of the nursing staff currently employed by RMHS. Fringe expenses are by far the most volatile expense to project since health insurance rates have been escalating in recent years. Our current rate of 31% for all fringe benefits and taxes, including health insurance, has been used in this proposal.

*Operating:*

Operating expenses in the start up year will have between three and eight months of costs. Rent will be the first expense incurred since we hope to secure the lease for the facility as of November 1, 2007. All other expenses will follow as staff are hired and the facility is prepared for occupancy. There is \$24,000 of one-time expenses listed for the acquisition of furniture (beds, etc.), computers/cabling and phone installation and, security cameras. The need for security cameras is outlined in Section III, Proposed Location.

Lastly, an indirect agency administrative rate of 11% has been included. This is the rate that is currently being applied to all RMHS programs for FY 08. We *have not included* a rate for indirect support costs (CRT director, a portion of the VP for behavioral health and as well clerical support). These costs are captured by one support cost center and allocated to all CRT

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programs. The reason we have not included these costs is that the budget for RMHS and CRT has already covered the salaries listed in this support cost center and we do expect to add costs for additional CRT managers or clerical support. However, the actual financials will assign these costs to this new program since the accounting system is designed, per state requirements, to do so. If all other costs operate within budget, this will result in this new program showing a loss in FY 08 and each year thereafter.

*Alternative Models:*

We have looked at other staffing models to lower costs including on-call staffing. While this model can save expenses over an on-site staffing model, we feel the difference in savings is far out-weighted by the consistency of service that will be delivered in the model proposed. Additionally, with the current demand for bed utilization, the financial savings from unoccupied bed days would be minimal and the impact on an on-call model would be excessive.

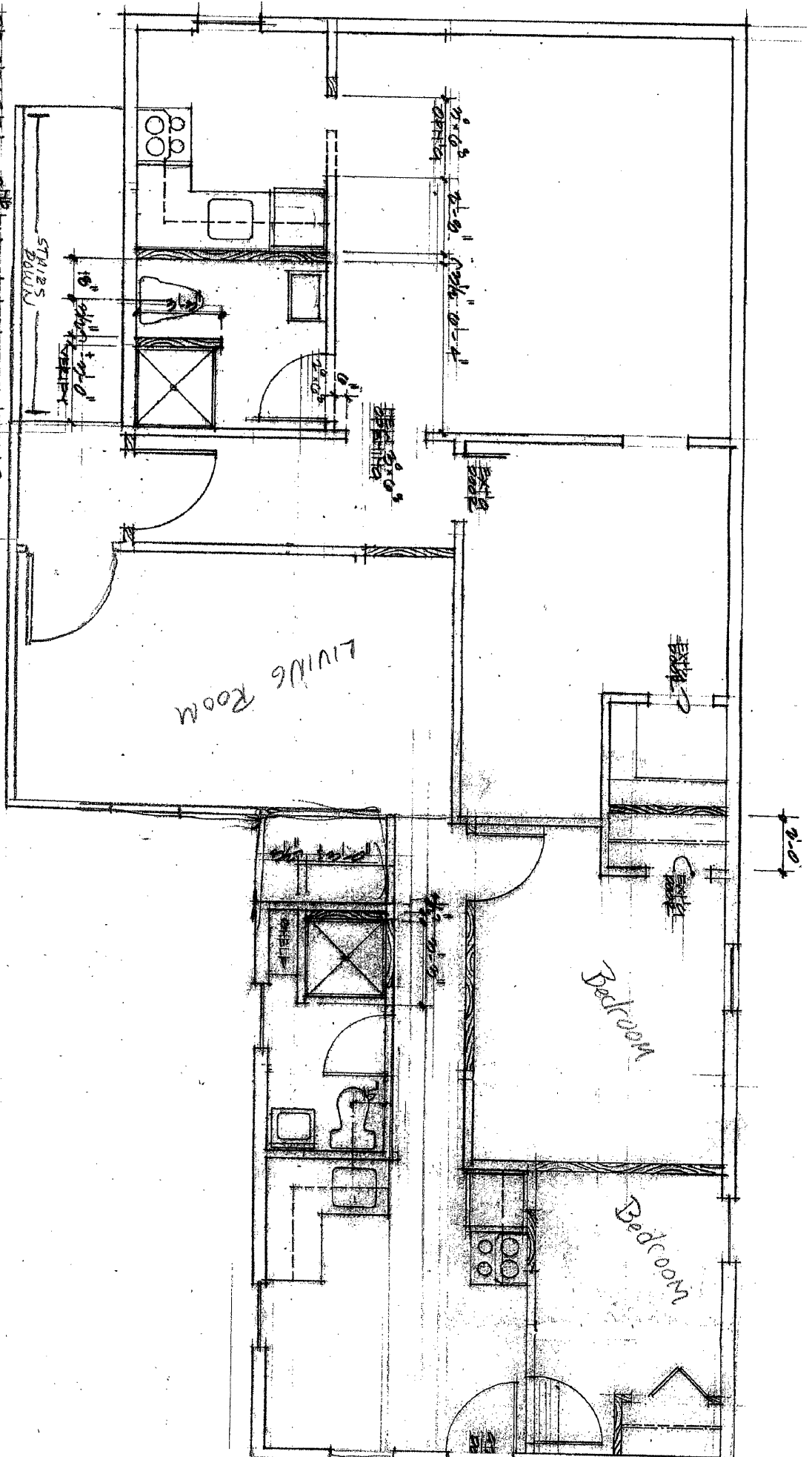
We have a population in need in Rutland County and although a variety of programs have been developed and implemented to address their needs, we currently do not have a crisis bed program through which to offer stabilization short of hospitalization or upon discharge from inpatient care. The Request for Proposal, Round II, addressing Adult Mental Health Crisis Stabilization / Inpatient Diversion Bed Capacity, presents the opportunity for Rutland to obtain the funding necessary to embark on implementing such a program while working with existing and developing programs within a larger Care Management System.

Finally, low utilization is not a threat to offering this program in Rutland County, based upon the needs of our community.

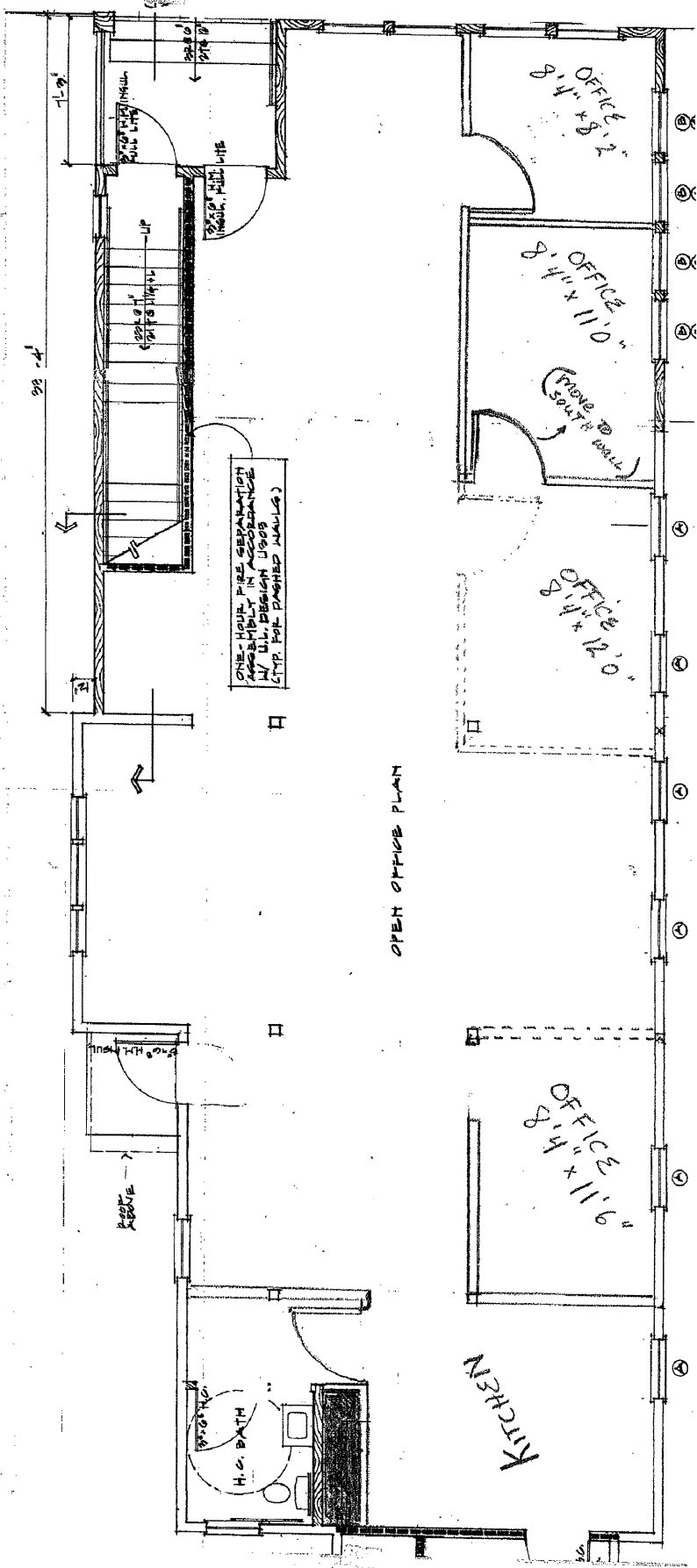
# RUTLAND MENTAL HEALTH SERVICES CRISIS BED BUDGET

		FY 08 Months	Part Year FY08	Annualized FY08	FY09	FY10
<b>REVENUE</b>						
DMH GRANT						
OTHER REVENUE (IDENTIFY):						
• VSH Futures Grant			\$ 149,151	\$ 306,775	\$ 315,108	\$ 323,690
• SOURCE 2 _____						
• SOURCE 3 _____						
<b>Total Revenue:</b>			<b>\$ 149,151</b>	<b>\$ 306,775</b>	<b>\$ 315,108</b>	<b>\$ 323,690</b>
<b>EXPENSES</b>						
<b>STAFF</b>		<b>HRS/WEEK</b>				
• Crisis Bed Supervisor	40	7.0	\$ 19,833	\$ 34,000	\$ 35,020	\$ 36,071
• Crisis Bed Staff	40	4.0	\$ 8,667	\$ 26,000	\$ 26,780	\$ 27,583
• Crisis Bed Staff	40	4.0	\$ 8,667	\$ 26,000	\$ 26,780	\$ 27,583
• Crisis Bed Staff	40	4.0	\$ 8,667	\$ 26,000	\$ 26,780	\$ 27,583
• Crisis Bed Staff	40	4.0	\$ 8,667	\$ 26,000	\$ 26,780	\$ 27,583
• Psychiatry (\$77/hr)	4	3.0	\$ 4,004	\$ 16,016	\$ 16,496	\$ 16,991
• Nursing (\$30/hr)	7	3.0	\$ 2,730	\$ 10,920	\$ 11,248	\$ 11,585
<b>Subtotal of Staff</b>			<b>\$ 61,234</b>	<b>\$ 164,936</b>	<b>\$ 169,884</b>	<b>\$ 174,981</b>
Fringe :	31%		\$ 18,983	\$ 51,130	\$ 52,664	\$ 54,244
<b>Total Staff Cost</b>			<b>\$ 80,217</b>	<b>\$ 216,066</b>	<b>\$ 222,548</b>	<b>\$ 229,225</b>
<b>ON-CALL STAFF</b>		<b>HRS/WEEK</b>				
•						
•						
•						
•						
<b>Total On-Call Staff</b>						
<b>OPERATING EXPENSES</b>		<b>Per Month</b>				
Rent	\$ 2,179	8	\$ 17,432	\$ 26,148	\$ 26,148	\$ 26,148
Electricity		8	\$ 2,267	\$ 3,400	\$ 3,502	\$ 3,607
Phone		7	\$ 2,333	\$ 4,000	\$ 4,120	\$ 4,244
Recruitment			\$ 3,000	\$ 1,500	\$ 1,545	\$ 1,591
Cable	\$ 65	4	\$ 260	\$ 780	\$ 803	\$ 828
Heat			\$ 10,500	\$ 10,500	\$ 10,815	\$ 11,139
Food	\$ 100	3	\$ 300	\$ 1,200	\$ 1,236	\$ 1,273
Cleaning/Trash Removal/Laundry		6	\$ 1,200	\$ 2,400	\$ 2,472	\$ 2,546
Supplies (Cleaning, bedding & Bath, etc)		6	\$ 1,200	\$ 2,400	\$ 2,472	\$ 2,546
Staff Training	\$ 250	5	\$ 1,250	\$ 3,000	\$ 3,090	\$ 3,183
Peer Support Group Meetings & Support		6	\$ -	\$ -	\$ -	\$ -
Mileage/Transportation		6	\$ 1,000	\$ 2,000	\$ 2,060	\$ 2,122
Internet Connectivity for Electronic Medical Record	\$ 165	6	\$ 990	\$ 1,980	\$ 2,039	\$ 2,101
Insurance		8	\$ 667	\$ 1,000	\$ 1,030	\$ 1,061
Other		6	\$ -	\$ -	\$ -	\$ -
<b>Total Operating Expenses</b>		<b>6</b>	<b>\$ 30,154</b>	<b>\$ 60,308</b>	<b>\$ 61,333</b>	<b>\$ 62,388</b>
<b>One-Time Expenses</b>						
Computers/Cabeling/Phone installation			\$ 10,000	\$ -		
Furniture			\$ 10,000	\$ -		
Security Cameras			\$ 4,000	\$ -		
<b>Total Start Up Expenses</b>			<b>\$ 24,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Direct Expenses</b>			<b>\$ 134,371</b>	<b>\$ 276,374</b>	<b>\$ 283,881</b>	<b>\$ 291,613</b>
Administration Allocation	11%		\$ 14,781	\$ 30,401	\$ 31,227	\$ 32,077
<b>Total Expenses</b>			<b>\$ 149,151</b>	<b>\$ 306,775</b>	<b>\$ 315,108</b>	<b>\$ 323,690</b>

PROPOSED 2<sup>ND</sup> FL. RENOVATIONS  
10 MERCHANTS ROW  
904-851-1811 10/24/94



== EXISTING  
 --- PROPOSED



OPEN OFFICE PLAN

**VPS**

**Vermont  
Psychiatric  
Survivors**

1 Scale Ave., Suite 52  
(Building 14)  
Rutland, Vermont 05701  
802-775-6834  
Consumers 1-800-564-2106  
Fax 802-775-6823  
email : vpsinc@sover.net

August 27, 2007

To Whom It May Concern:

The idea of the crisis intervention beds is a crucially needed project in Rutland County. As you know our involvement through Vermont Psychiatric Survivors is to promote peer /consumer involvement. In the Future's project peers/consumers are seen as stakeholders and are involved with projects. Community is also a key element and are involved and asked for input. If these two points are considered with the planning and creation of the program it can be a good recovery project model.

Vermont Psychiatric Survivors is willing to help in any way that it can to develop such a project.

The project as you described it to me, sounds very promising and can assist in providing an alternative to people needing crisis intervention.

Let us know if we can be of any further assistance in this manner.

Sincerely,  
Linda J. Corey MS  
*Linda J. Corey*  
Executive Director



# Rutland Regional Medical Center

AN AFFILIATE OF RUTLAND REGIONAL HEALTH SERVICES

160 Allen Street  
Rutland, VT 05701

802.775.7111

August 31, 2007

Trish Palmer  
VSH Futures Project  
Department of Mental Health  
108 Cherry Street  
Burlington, VT 05402-0070

RE: RFP – VSH Futures Crisis Stabilization / Inpatient Diversion Bed Capacity

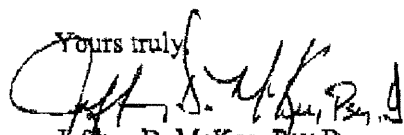
Dear Ms. Palmer:


Rutland Regional Medical Center Psychiatric Services is glad to offer this letter of support for the plan being proposed by Rutland Mental Health Services in response to the above referenced RFP. There is a long standing history of successful collaboration between Psychiatric Services at Rutland Regional Medical Center and Rutland Mental Health Services that has benefited consumers accessing services from both organizations. We anticipate continuing to work closely with Rutland Mental Health Services to ensure appropriate psychiatric support for the program.

We believe that the addition of two additional beds that are available to both CRT and non-CRT patients will be a valuable addition to the mental health system of care in Rutland County. We routinely encounter difficulty finding the appropriate supports for patients who no longer meet criteria for inpatient hospitalization, but who still require structured supports. The development of a program such as is being proposed will have the dual benefits of preventing hospitalization for some patients and shortening length of stay for others.

Rutland Regional Medical Center Psychiatric Services will work closely with Rutland Mental Health Staff to coordinate appropriate referrals to the program, through both the Emergency Department and the Psychiatric Services Inpatient Unit. We will also continue to work with Rutland Mental Health Services to support the necessary medical oversight of the program. We believe this program will offer a valuable service to patients and we are very pleased to offer our support for it.

Yours truly,

  
Jeffrey D. McKee, Psy.D.  
Director of Psychiatric Services  
Rutland Regional Medical Center

  
E. Susan Gerretson, M.D.  
Psychiatric Services Medical Director  
Rutland Regional Medical Center